► PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further correspondence including the Patent, advance orders and notific indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
28075 CROMPTON, 1221 NICOLLE SUITE 800	7590 09/07/ SEAGER & TUF T AVENUE			Cer	rtificate of N	Mailing or Transmi	ession eposited with the United class mail in an envelope cove, or being facsimile indicated below.
	, MN 55403-2420		JoAnn Lindm			(Depusitor's name)	
				H	Rich		(Signature)
				U	12-7-	10	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNE	Y DOCKET NO.	CONFIRMATION NO.
10/786 893	10/786,893 02/24/2004		Jan K. Voda	a 1001.1889101		1.1889101	1262
TITLE OF INVENTION	: STEERABLE CATHE	TER FOR RIGHT CORC	DNARY ARTERY				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0 1		\$75 5	12/07/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CAMPBELL,	VICTORIA P	3763	604-523000				
Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required.	ondence address (or Cha B/122) attached. lication (or "Fee Address 32 or more recent) attack	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	A TO BE PRINTED ON ' ified below, no assignce pletion of this form is NO	THE PATENT (print or ty) data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT)	atent. If an assig assignment.	nee is identi COUNTRY	ified below, the doc	ument has been filed for
VODA HEART	TECHNOLOGY, LL	OKLAHOMA CITY, OKLAHOMA					
			rinted on the patent):	Individual 🖸 C	Corporation o	or other private grou	pentity Government
4a. The following fee(s) Issue Fee	are submitted:	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form). 					
5. Change in Entity Sta	CRAALL GRITTEV ctst	ne See 37 6 FB 1 27	Applicant is no lon	ger claiming SM/	LL ENTIT	Y status. See 37 CFI	R 1.27(g)(2).
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if rec records of the United St	uired) will not be accepte ates Patent and Jesteman	of from anyone other than k Office.	the applicant; a re	gistered attor	mey or agent; or the	assignee or other party in
Authorized Signature	1/W/V	<u> </u>	·	Date	20.	7,2013)
Typed or printed nam				Registration	110.	6,926	L. HEDRO
an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, Victibia 22.	itiality is governed by a ad application form to the tions for reducing this by Virginia 22313-1450. Do 313-1450	e USPTO, Time will var urden, should be sent to to NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es y depending upon the indi he Chief Information Offic COMPLETED FORMS T espond to a collection of in	vidual case. Any e er, U.S. Patent an O THIS ADDRES	comments of d Trademark SS. SEND T	n the amount of time Office, U.S. Depar O: Commissioner for	e you require to complete stment of Commerce, P.O. or Patents, P.O. Box 1450,